

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **723466**

1. Entity Name

BONA VISTA CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90069 013 ****61.25

Principal Place of Business 2901 SIMMS STREET HOLLYWOOD FL 33020	Mailing Address 2901 SIMMS STREET HOLLYWOOD FL 33020-1510
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-2753711	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DEVELOPMENT CONSULTANTS INC.
2901 SIMMS STREET
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	STEIN, KENNETH
STREET ADDRESS	3375 N COUNTRY CLUB DR
CITY-ST-ZIP	MIAMI FL
TITLE	SD <input type="checkbox"/> Delete
NAME	GREENE, LEW
STREET ADDRESS	3375 N COUNTRY CLUB DR
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	T <input type="checkbox"/> Delete
NAME	SAVILLE, PEARL G
STREET ADDRESS	3375 NORTH COUNTRY CLUB DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	BAIDA, ARTHUR
STREET ADDRESS	3375 N COUNTRY CLUB DR
CITY-ST-ZIP	MIAMI FL
TITLE	VP <input type="checkbox"/> Delete
NAME	LOPEZ, GEORGE
STREET ADDRESS	3375 N COUNTRY CLUB DR
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	LEVY, ISAAC
STREET ADDRESS	3375 N COUNTRY CLUB DR
CITY-ST-ZIP	MIAMI FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George Lopez* **VICE PRESIDENT** **GEORGE LOPEZ** Date **1/26/00** (305) 932-5597 Daytime Phone #

CR2E037 (9/99)